

Bronchial Reactivity Test Form

To be completed by an accredited specialist in Respiratory Medicine and returned to AME (for Class 2) or CAA AMS* (for Class 1).

Please see [UK CAA asthma certification guidance](#) for further information.

Fees incurred in providing reports are the responsibility of the applicant and not the CAA.

CAA Reference Number:		
Name:		
DOB:		
Reason for Request:		
➤ Abnormal lung function:	Class 1: FEV ₁ /FVC <70%	<input type="checkbox"/>
	Class 2: Peak flow <80% predicted	<input type="checkbox"/>
	Other	<input type="checkbox"/>
➤ History of asthma:	Current or past diagnosis of asthma (within 5 yrs Class 1 or 2 yrs for Class 2) needing regular (> once per 3 months) use of any inhaler	<input type="checkbox"/>
➤ Other clinical reason:	<input type="checkbox"/>
List of current medication taken	
	
	
	
Contraindications for Exercise Spirometry:		
	YES	NO
Active illness (e.g. URTI, fever, current treatment for cold, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Cardiovascular abnormalities (e.g. suspicious history, abnormal findings during examination incl ECG, etc)	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>

Bronchial Reactivity Test (6 minute free running test):

(A) Resting FEV₁ (ml)

(B) Immediate post-exercise FEV₁ (ml) = % fall [(A-B)/A]

(C) 10 minutes post-exercise FEV₁ (ml) = % fall [(A-C)/A]

Please tick ONE:

- ≤ 10% FEV₁ fall
- 11-15% FEV₁ fall
- 16-20% FEV₁ fall
- > 20% FEV₁ fall

If further investigations/information/discussion required, please specify:

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If any follow-up requirements, please specify:

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Test conclusions:

Any additional comments:

Name (Print): **GMC No:**

Signature: **Date of Signing:**

Please send the completed form to AME for Class 2
or
AMS for Class 1:
Authority Medical Section
Medical Department
CAA
Gatwick Airport South
West Sussex RH6 0YR